

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>081194164</u>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/					
2		/					52		/				
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49		/					99		/				
50	/	/					100		/				
TOTAL IND.	8						TOTAL IND.	9					
TOTAL DEP.	43						TOTAL DEP.	81					
TOTAL CLAIMS	50						TOTAL CLAIMS	90					

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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